ENTRY BLANK



PLEASE TYPE OR PRINT		Ente	Entered previous May Show		
Ms. Mr. Artist	RISTOPI	HER	yes [<i>B0E</i>	no HLEFEC Name Last)	
Permanent 6877 Address Street	TOBIK	. , PH	RMA	HT5.	
44130 Zip	Tel. 9/6	842	796	5/	
Temporary Address 1676 Street	E. 117	57.	, CC	City	
44106 zip	Tel. (216)	721	-038	38	
Permanent address is in what county? <u>CUYAHOGA</u>					
Born in Cuyahoga County					
Collaborator (If Any)					
If May Show entries are not accepted or not sold: Artist will pick up at Museum.					
Museum should dispose of.					
☐ Museum should ship to artist C.O.D. at this address:					
Special Instructions When necessary include below instructions or a drawing of how the object is to be assembled and displayed.					

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until January 2, 1977.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Tues took Follfell

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☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography ☐ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts					
Medium or Materials					
LITHOGRAPHY					
Title BAT DIRIGIBLE					
Price or NFS Insurance Value If NFS Only	Size // 6 // ×	20"			
GRAPHICS AND PHOTOGRAPHY ONLY					
Additional No. For Sale Total No. in Edition	Price Unframed	Price of Frame			
	14000	770.			
DO NOT WRITE IN THIS SECTION	ACCEPTED	REJECTED			
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1976 MAY SHOW

The Cleveland Museum of Art Cleveland, Ohio 44106

Dates for Pick-up of Objects

Museum Service Entrance 9:30 a.m. to 4:30 p.m., Monday through Saturday

Rejected Objects
November 15 through November 27

Accepted Objects

January 10 through January 15

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed.

Please keep address within this box for window envelope.

Name	CHRISTOPHER BOEHLEFELD
Address	1676 E. 117 ST.
City & State	CLEVE., 0410 zip 44106

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

ACCEPTANCE OR REJECTION NOTICE

This is your only receipt to claim your object(s). This notification will be mailed to you following judging. DO NOT DETACH □ 1. Paintings □ 2. Graphics □ 3. Photography ☐ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts Medium or Materials LITHO GRAPHY BAT DIRIGIBLE DO NOT WRITE IN THIS SECTION ACCEPTED REJECTED IAN I TWO PRINT DUPC ohni tyll Joleful □ 1. Paintings □ 2. Graphics □ 3. Photography □ 4. Sculpture □ 5. Electric □ 6. Crafts Medium or Materials LI THO GRAPHY

Title MAJESTIC FINALE

DO NOT WRITE IN THIS SECTION ACCEPTED REJECTED